

Solutions (Yorkshire) Limited

Harewood Court Nursing Home

Inspection report

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Leeds
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Harewood Court Nursing Home is a residential care home providing personal and nursing care to up to 40 people aged 65 and over. At the time of our inspection there were 36 people using the service. The home accommodates people across 2 floors, each of which has separate adapted facilities.

People's experience of using this service and what we found

The provider assured us there was a sufficient number of staff on each shift, however at times we observed no people in communal areas. Risks around behaviours had not been managed. There was a lack of records in place to record fluid and food intake of people assessed at risk of weight loss. People were protected from abuse and staff understood the principles of safeguarding. There was a clear system in place to respond to incidents.

Preferences and choices were reflected in people's care plans. Staff completed a wide range of training. People were supported to access healthcare services as needed. People were able to request what they wanted to eat. Staff knew how to respond and deal with any concerns.

There was a positive culture within the service. A number of audits were completed at the service. Satisfaction surveys were completed, and actions were devised in response to any concerns. People had access to appropriate health professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 20 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harewood Court Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Harewood Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Harewood Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harewood Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with 8 people who use the service and 5 relatives regarding their experiences using the service. We spoke to 4 staff members including the registered manager. We reviewed a range of records including 4 people's care records and multiple people's medicines records. We looked at 3 staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we recommended the provider monitors staffing in line with people's assessed dependency and needs to ensure safe staffing levels are sustained.

- The registered manager told us there were enough staff on each shift to support people, however at times we observed there were no staff in communal areas, leaving people at risk of receiving unsafe care. On the day of the inspection, the inspector had to intervene in a communal area when a person was distressed.
- Feedback from relatives and staff was consistent in identifying there was the need for more staff. One staff member told us, "It would be better to have more staff as it can get hard when there's only a few of us on, especially when people become challenging." One relative told us, "They're short staffed, not enough carers here."
- The service was actively recruiting for nurses. A plan was in place to ensure there was a nurse on site at all times.

We saw no evidence that people's needs were not being met. However, we recommend the provider continues to monitor staffing levels in line with people's needs.

- Recruitment processes were in place to employ staff safely. Pre-employment checks completed on staff included references, right to work in the UK checks and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Feedback about the staff was positive. One relative told us, "I know all the staff, they are amazing, lovely, everything is good."

Assessing risk, safety monitoring and management

- Risks around behaviours had not been assessed and managed. The provider took immediate action to implement risk assessments for those people who displayed challenging behaviours.
- On the day of inspection, we found air flow mattresses were not on the correct settings. The provider took immediate action and ensured air flow mattress settings were set according to people's weights.
- Whilst weight loss was reported to appropriate professionals, steps were not in place to assess the risk whilst waiting for external input. There was a lack of records in place to record fluid and food intake of people assessed at risk of weight loss.

We saw no evidence that there had been any impact on people. However, we recommend the provider implements records to record people's fluid and food intake if they are at risk of weight loss.

- Staff were kept informed if a person's care needs or risk had changed.

Using medicines safely

- Medicines were handled, stored, and administered safely.
- There was a lack of stock counts for medicines not included in bio-dose trays. We informed the registered manager of this concern who assured us they would take prompt action.
- Body maps were in place with clear directions for staff on how to apply creams and ointments.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- Staff understood the principles of safeguarding. One staff member told us, "Safeguarding is knowing what a person is at risk of and making sure steps are put in place to prevent any harm."
- People felt safe, relatives also felt their loved ones were safe. One relative told us, "I know [relative] is safe, we have no concerns, the whole family is pleased the way [relative] is looked after."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There was a risk assessment in place to ensure people were supported to maintain contact with their relatives in line with the current government guidance.

Learning lessons when things go wrong

- The provider had a clear system in place to record, investigate and monitor incidents.
- Learning was derived from incidents to prevent reoccurrences.
- Staff knew their responsibilities to report any concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a system in place to assess people's needs prior to people moving into the service.
- Assessments covered a wide range of areas and captured people's preferences.
- Preferences and choices were reflected in people's care plans. This meant people received care and treatment a way which was specific to them. One person told us, "[Staff] do things the way I want them to."

Staff support: induction, training, skills and experience

- Staff were sufficiently trained.
- The registered manager used a training matrix to monitor completion of training. Staff completed a wide range of training including but not limited to dementia care, person centred care and mental capacity.
- Staff received an induction when they first started. One staff member told us, "The induction was good and packed with lots of knowledge and information, we also refresh on our training regularly."

Supporting people to eat and drink enough to maintain a balanced diet

- People's experiences around meal times varied. We observed the lunchtime experience to be positive, with staff being attentive to people's needs. However, on the day of inspection some people were left to wait and were unsure when they would receive something to eat.
- People enjoyed the food. One person said, "I'm happy with the food, I eat well, I leave what I don't want."
- Where people did not want what was on the menu, they could request for an alternative option which the chef would prepare.
- Staff had good understanding of how to meet people's nutritional and hydrational needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services as needed. We reviewed documents which reflected professionals were consulted, and referrals were made when appropriate.
- Staff knew what to do if they had concerns about a person's health and knew how to seek assistance when this was needed. □

Adapting service, design, decoration to meet people's needs

- People were accommodated in their own private rooms.
- The layout of the home allowed people to choose where they spent their time. In addition to their own rooms, people were able to access shared lounges and dining areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity was regularly assessed where a person's ability to make a specific decision had been questioned. Where the provider believed a person to be lacking capacity, appropriate steps had been taken to support the person.
- Staff were able to explain the principles of the MCA and had received training on the subject.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive culture within the service which showed the provider's values had been embedded, and staff and management we spoke to were open and transparent.
- People and relatives were happy with the care they received. One person told us, "Happy with care? Very much so."
- The registered manager understood their duties of duty of candour and the need to inform people and relevant others when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had oversight of the quality of care provided and completed multiple audits. Audits were completed regularly.
- Where audits identified improvements in particular area, the registered manager ensured this was done.
- The registered manager understood their statutory requirements and had notified CQC, of reportable incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were asked to complete satisfaction surveys. This gave people the opportunity to express their views and inform the home of any improvements that could be made. The registered manager compiled the results and created actions in response.
- Relatives were kept informed about their loved ones. One relative told us, "My [family member] phones every day, they get all the info and ring me at night."

Working in partnership with others

- The registered manager and staff ensured people had access to appropriate professionals involved in their care.
- The home had regular visits from people's GPs.